



EPC 2 GRIEVANCE FORM

DATE: _____

NATURE OF CLAIM:

PENALTY TIME CLAIM / interpretation

SAFETY/ Work Environment

DISCIPLINE

Employee's name: _____

UNION : _____

Employee Pass No. _____

UNION REP./ OFFICER: _____

Title: _____ Work Location: _____ Run / Tour of Duty: _____

Grievant's signature X _____ Date: _____

GRIEVANCE DETAILS: Please state in detail the matter or issue(s) you wish to be remedied by your filing of this form.

Please remember to include as many details as possible. This will help expedite the investigation and or determination of this claim .

Rule or Work Condition(s) in question : _____

Now state your case. What is the cause for this grievance? State all facts below : Date & time of incident. If This is a penalty time claim and there were other employee's involved please state the name(s) title(s) and assignment in question. This Claim will be investigated : please make note of all pertinent information How it happened? Who, was involved ? Where did it happen? , What happened ? When Did it happen ? and Why you are filing this grievance ? Then let us know what you believe should be done to remedy this matter or issue.

NOTE: The Department Superintendant or Designee has ten (10) days to investigate this claim and thirty (30) days to render a decision.

Dept. Gr, # _____ Date received By Dept. _____ Date Of Investigation/Hearing: _____

LEVEL 1 DECISION:

Supt. or Designee X _____ Date: _____

I ACCEPT THE DECISION

I DO NOT AGREE WITH THE DECISION

I AM APPEALING/REASON BELOW:

